| PATENT APPLICATION E DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 9/9/3989 | | | | | | | | | | | | 3581 |
|---|---|---|--------------|----------------------|------------------------------|------------------|-------------------|-------------------|-------------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | | |
| TOTAL CLAIMS | | | | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBĖR FILEO | | NUMBER EXTRA | | B/ | SIC FEE | | OR | BASIC FEE | 860 |
| TOTAL CHARGEABLE CLAIMS | | | 3/ minus 20= | | | | | X\$ 9= | | OR | X\$18= | 198 |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | 2 | | | X40= | | OR | X80= | 160 |
| MULTIPLE DEPENDENT CLAIM PI | | | RESENT | | | | | ⊦135= | | OR | +270= | , |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | _ | OTAL | | OR | TOTAL | 478 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | _ | MALL | ENTITY | OR | OTHER SMALL | | |
| ENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total . | . 3/ | Minus | •• | 3/ | = ~ | | X\$ 9= | | OR | X\$18= | |
| AME | ndependent | • 5 | Minus | CNIDEN | <u>5</u> | | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ¹ [, | -135 = | | OR | +270= | |
| 9/27/04 (Column 1) (Column 2) (Column 3) | | | | | | | AD | TOTAL DIT. FEE | | OR | TOTAL ADDIT, FEE | |
| AMENOMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUN PREVI | HEST ABER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON 1 | Total | . 32 | Minus | 3 | 1 | = /. |] L: | K\$ 9= | | OR | X\$18= | 18.00 |
| AME | ndependent | NTATION OF M | Minus | ENDEN | CLAIM | = | łL | X40= | | OR | X80= | |
| - | THO PROCE | · | JETH CE DEF | · | ODAM | | , | -135= | | OR | +270= | |
| | | | | | , | | AD | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | i |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST ABEA OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = |] [: | (\$ 9= | | OR | X\$18= | |
| AME | independent | NTATION OF W | Minus | ENDEN | T CL AIM | - [- | | X40= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 」 「 | 135= | | OR | +270= | 1 |
| !l | if the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "All health have Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | OR | TOTAL ADDIT. FEE | , |
| | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |